

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT: HOME AFFAIRS

Section 22 of the Refugees Act No. 130 of 1998



**ASYLUM SEEKER TEMPORARY VISA**

REFERENCE NO. TIRCOG000910610

Permission is hereby granted to the following person as holder of this permit to remain in the RSA of part thereof as determined in part B hereof

**A. PERSONAL PARTICULARS OF HOLDER**

SURNAME: TSHINGOMBE TSHITADI

FIRSTNAME(s): TSHITADI MAKANGU FISTON

RESIDENTIAL ADDRESS: yeoville



DATE OF BIRTH: 1982-11-10

GENDER: MALE

NATIONALITY: CONGOLESE

COUNTRY OF ORIGIN: CONGO

FILE NUMBER: TIRCOG000910610

PLACE OF ISSUE: PRETORIA

EXPIRY DATE:

ALTERNATIVE FILE NUMBER:

**B. CONDITIONS**

- The holder of the permit may reside temporarily in the Republic of South Africa for the purpose of applying for asylum in terms of the Refugees Act No. 130 of 1998
- The permit holder shall, without expenses to the state, leave the Republic on before such later date as duly authorised by a Refugee Status Determination Officer if his/her application for asylum has been rejected
- The permit entitles the holder to WORK AND STUDY IN RSA
- Failure to comply with the conditions of this permit will be dealt with in terms of Section 37 (b) and Section 22 (6) of the Refugees Act 1998
- All permit holder are obliged to respect the laws of South Africa
- This permit will lapse if the permit holder does not appear in person as required at the designated Refugee Reception Office or if he/she departs from the Republic without prior authorisation from the Director-General
- All other permits issued prior to the issuance of this permit are automatically nullified
- Other conditions: WAITING FOR HEARING DATE

I TSHITADI MAKANGU FISTON TSHINGOMBE TSHITADI agree to the conditions above and understand that a breach thereof will result in an offence in terms of Section 37 of the Refugees Act

PLACE: Pretoria

DATE: 2021-08-06

CAPTURED BY

PRINTED BY

FINGER IMPRESSION

REFUGEE RECEPTION OFFICIAL

NAME

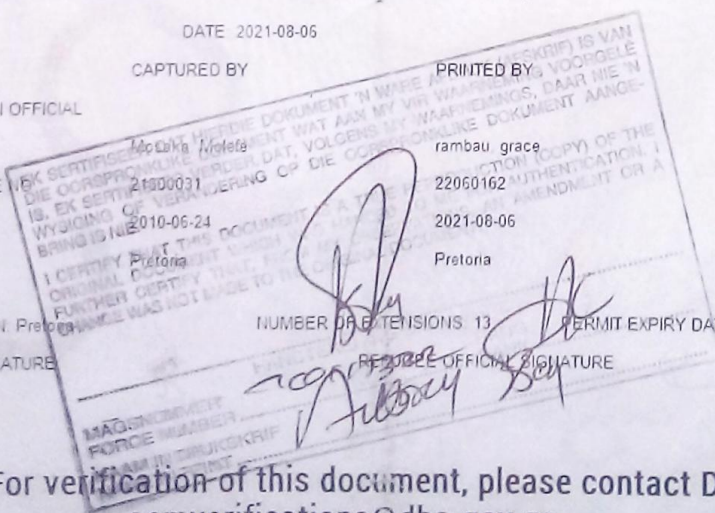
APPOINTMENT/FORCE NO.

DATE

PLACE

ORIGINALLY ISSUED IN: Pretoria

PERMIT HOLDER SIGNATURE



For verification of this document, please contact DHA  
asmverifications@dha.gov.za



OFFICIAL DATE  
STAMP

## DEPARTMENT OF LABOUR - REGISTER AS A WORK-SEEKER

RS 001/04

NOTE: Please complete the Form in BLOCK LETTERS.

Have you ever completed this Form in the PAST or SUBMITTED your CV to this Department?

YES ☒ NO ☐

IF YES, ONLY complete PERSONAL DETAILS - IDENTIFICATION and the part that you would like to be UPDATED OR MODIFIED.

## ESBA ACCESS INFORMATION

Identity Number (13 Digits) \* 270000202397 Date of Birth d d m m y y

First Names TITHINGOMBE-LOHAYI Poon Surname TITHINGOMBE-MAHUKUTAT

## PERSONAL DETAILS - PERSONAL

Disability, if YES please indicate: Group 1 Security Transfer Court Equity Group African Indian Coloured

Gender Female Male ☒ Marital Status Single ☒ Married Widower Widow Divorced UnknCriminal Status None ☒ Offender Rehabilitated If Offender: Parole/Release Date d d m m y y

Individual Type Employed Workseeker Unemployed workseeker (then HENT)

Willing to relocate: Please specify the Province(s) Yes ☒ NO FS EC KZN NW WC LP NC MP

If YES, Please specify the Towns within the Province 1 V 2 3 6

Opportunity Interest Apprenticeship Formal Job Internship Learnership Project

Language Language Speak Read Write

Please indicate your language proficiency, a. English b. French c. Good Good Good

L.A. Excellent (E), Good (G) or Average (A)

Drivers License Code/Classification None A A1 B C C1 D D1 EB EC EC1 ED ED1 M W LEARNERS

Drivers License Expiry Date d d m m y y Public Drivers Perm Y N Hazardous Substances Perm Y N

Vehicle Description Goods Passengers Goods and Passengers Expiry Date d d m m y y

## CONTACT DETAILS - PERSONAL CONTACT

Cellular Number 07876751373 Email: TITHINGOMBE2006@gmail.com

Alternative contact number: 0725248946 Alternative contact person's name TITHINGOMBE

## CONTACT DETAILS - PHYSICAL ADDRESS

Street Address 103 PEECUTREE BOULEVARD City/Town YHB VEDVILL

Suburb VEDVILL 14th Province VEDVILL

Post Code 1020 1020 1020

## EDUCATION AND TRAINING - GENERAL EDUCATION AND TRAINING LEVEL - SCHOOL QUALIFICATION

Highest Schooling Level 0-12 Completed \* 1 2 3 4 5 6 7 8 9 10 11 12 Year Obtained \* 2006/2007

Name of School \* ST PEARCE COLLEGE KAGA LITLITOREA ABET Level

## EDUCATION AND TRAINING - SCHOOL SUBJECTS

Subject School subjects Grade % Level School subjects Grade % Level

1 Engineering-Electrical N1 58% 5 Engineering Elect N5 100%

2 Engineering Electrical N2 57% 6

3 Engineering-Electrical N2 57% 7

4 Engineering-Electrical N4 58% 8

## EDUCATION AND TRAINING - FURTHER AND HIGHER EDUCATION AND TRAINING and SHORT COURSES

## Higher Tertiary Qualifications

NQF Qualification Name (Example: BA degree / N3 Engineering) Institution (Example: Unlwa / CUT / TOSA) NQF Level Year Status

1 NS 12 Engineering Award N3 ST Pearce - Afriq Institute Baco N4 3 2020 Award

2

3

Note on NQF Levels: 5 = National Diploma, 6 = Bachelors / First degree, 7 = Professional OR Honours degree, 8 = Post-doctoral or Masters degree.

Note on Status: In progress or Complete or Incomplete.

## EMPLOYMENT HISTORY - HISTORY

Organisation/Company Job Title Employed From Day - Month - Year Employed To Day - Month - Year Type Of Employment Reasons for leaving

1 Training - Panel Peac Prof C Panel working 09-Nov-2006 30-Nov-2006 Learner Remover

Duties perform within job: Learner protocol Panel working \* job Skill Development

2 Trainee Peac Assess Panel Ref 09-Nov-2006 30-Nov-2006 -

Duties perform within job: Learner protocol Conduct Assessment peer group - Role play

Note on: TYPE OF EMPLOYMENT A = Permanent B = Fixed Contract C = Promotion

Note on: Reasons for leaving: A = Dismissal B = Resigned C = Promotion D = Revoked H = Package I = Transferred J = Pension retirement

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## REFERENCE

Reference 1 Name Company Position/Job Title Contact Number

Reference 2 Name Company Position/Job Title Contact Number



UNEMPLOYMENT INSURANCE FUND

AUTHORISATION TO PAY BENEFITS INTO BANKING ACCOUNT

To be completed by the Financial Institution (Bank/Post Office)

Name of account holder Tshirudi Makungu Fiston Tshingombe - Tshirudi  
(Full name and surname in block letters)

Identity number

7 1 2 0 9 0 0 0 9 1 0 6 10

Name of Financial Institution

FNB

Branch code

250153

Account number

62946710511

Indicate with an "X"

Savings account

☒

Current account

☐

Transmission account

☐

Dormant

☐

Active

☒

I declare that the abovementioned information is current and complete in every aspect and that the Unemployment Insurance Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

NB: Please note that no corrections on this form would be accepted

Information supplied by (Name of Bank/Post Office Official)

Thuli Mleq

Signature of Bank Official



FNB ELOFF

21 JUN 2022

SALES & SERVICE

200 - 917

Bank Official Stamp

Date: 21/06/2022

To be completed by the Applicant

The Unemployment Insurance Commissioner/Claims Officer

I, \_\_\_\_\_

(Full name and surname in block letters)

Identity number

\_\_\_\_\_

hereby request/instruct/authorise you to pay my benefits, if approved, into the abovementioned account held at the Financial Institution (Bank/Post Office), unless otherwise instructed in writing.

I declare that the information as furnished by the abovementioned Financial Institution is to my knowledge accurate and complete. I indemnify the UIF of any liability in the event of payment being made into the provided banking account should this account be incorrect or incomplete.

X Signature of applicant

Date

UNEMPLOYMENT INSURANCE ACT 63 OF 2001  
APPLICATION FOR UNEMPLOYMENT BENEFITS IN TERMS OF SECTION 17(1) – Read with Regulation 3(1)

13 Digit Bar-Coded Identity Document/Passport Number 21000000033812										Date of Birth (dd/mm/yy) 10/11/1982										Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>																			
First Names TIMOTHY PERCY YAMOUKOU																				Surname TAMAILI FATOUM MAKANGOU																			
Postal Address 103 PERCY FLOT ROCKVIEW STREET, YAMOUKOU																				Code 103										Code Telephone No 091330941 10/18330941									
Residential Address 103 PERCY FLOT ROCKVIEW STREET, YAMOUKOU																				Code 103										Cell No 0925298946									
Occupation Student																				E-Mail Address TIMMOGORE5008@gmail.com										Fax number 086 676-1898									
Education																				GRADE 8-9										GRADE 12									
SPECIAL SCHOOL CERT. <input checked="" type="checkbox"/>																				GRADE 10 - 11										ABOVE GRADE 12 <input checked="" type="checkbox"/>									
BELOW GRADE 8																																							
Use the UH 2.8 form for Banking Details																																							
Details of previous application																																							
Name and ID No under which you applied: TIMMOGORE5008910610 / TIMMOGORE																																							

FURTHER REQUIREMENTS		FURTHER REQUIREMENTS FOR REDUCED WORK TIME In terms of section 12(1B)		IMPORTANT: READ THIS SECTION BELOW:	
1. Are you registered as a workteacher with a Labour Centre established by the DOL	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1. Are you currently employed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p>I declare that I am/ was unemployed/ I'm working reduced hours in the event of my application being successful, the Claims Officer will authorise the payment of benefits. I also undertake to inform the Claims Officer as soon as I am re-employed or receiving "full normal pay" and understand that failure to do so will constitute fraud.</p> <p>In the event of an overpayment occurring as a result of this application I undertake that I will refund the full amount to the Fund.</p> <p>I declare that the above information is true and correct.</p>	
2. Are you capable and available for work?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. Are you on Reduced Work Time?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. If you are not capable of and available for work, please explain: LEARNER ENGINEERING		3. Has your employer completed a UEL 77?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Signature of applicant: <u>[Signature]</u>				SIGNATURE OF APPLICANT: <u>[Signature]</u> Date: <u>08/03/2022</u>	

Signature of Official _____ Date: ____/____/____		<b>COMPLETE</b>	
Claim arrived from: _____ Application refused in terms of: _____ Claims officer (Please Print): _____		Signature: _____ Date: _____	
OFFICE STAMP			



Employers Declaration of Employees for the month of \_\_\_\_\_

March

Information to be supplied in terms of Section 56(1&3) read with Regulation 13(1&2)

An employer must by the seventh day of each month inform the Commissioner of any changes arising during the previous month regarding the employer's contact details or employee's remuneration details including new appointments and termination of service. The employer must forward this form to the Unemployment Insurance Fund at (012) 337-1943/44 or 337-1508/81/82 or submit same at any branch of the UIF which is closest to the employer. The completed form can also be faxed to any of the following numbers: Pta (012) 309 5142/5236, Jhb (011) 497 3293, Dba (031) 366 2156, Polokwane (015) 290 1670, Mmabatho (018) 384 2658, East Ldn (043) 701 3363, Bllm (051) 447 9353, CT (021) 441 8024, Wb (013) 656 0233, P.E (044) 586 1541, Gm (011) 873 2219, George (044) 873 2568, Pnb (033) 394 5069, Kimberley (033) 833 2218.

### 1. EMPLOYER DETAILS

1.1 UIF Employer Reference No 099878 / Branch No

1.2 PAYE Reference No (If registered with SARS) 92372283

01.3 Trading name of business  
IPPAE-COLLEGE

1.4 Physical Address  
YOEWILL 103 FOT ROSSVICK FIELDS

1.5 Address where employees listed in Item 2 work (if different to the address in 1.4) 1.6 Postal address

11 Co. Reg. No (CIRCU NO)

1.8 E-mail address Alhke@chem.su.se 1.9 Fax No 086674-1891  
1.10 Phone No 099350477  
1.11 Authorized person Alhke

## 2. EMPLOYEE DETAILS

A	B	C	D	E	F	G	H	I	J
Star a name	Initials	ID Number (14 Digit bar-coded MVA ID No)	Total (Years) Reimbursement paid to Employer Per Month	Total Hours Worked During Month	Commencement date of Employment	Termination Date	Reason for Termination (Use Termination Codes as applicable to the basis of the page)	Indicate whether contributor is non- contributor (YES OR NO)	If non- Contributor state reason (Use codes as basis of page)
THANESCHER	HA	210002023814	2500	66	100919	010322	11	Yes	12
THANESCHER		210002023814	2500	66	100919	010322	11	Yes	3

1. 11/11/50 11/13 11/17/21 (Name of Employer), ID No 2/000020238/2, declare that the above information is true and correct. I understand that it is an offence to make a false statement.

EMPLOYER SIGNATURE

Thurs/10/11

DATE 09 March 2022

## DISCUSSION

If the employer is not resident in the RSA, or is a body corporate not registered in the RSA, an authorised person must carry out the duties of the employer in terms of this Act.

D-  
 remuneration means actual basic salary plus payment in kind (Disclose actual gross salary)  
 If paid by employer instead of in cash (disclose financial company N 43/13)

Total Hours Worked hr. Actual hours worked during the month (only applicable for employees that are paid per hour)

Employers may also submit these details electronically from payrolls or on the UIR's website at [www.lobor.gov.es](http://www.lobor.gov.es)  
Tel.: +34 (913) 337 1630/1702

⑨ Only Applicable for Commercial Employees

## REASON FOR TERMINATION CODE:

2	Disseminated	6	Disseminated	10	Ulcer/Medically treated	14	Bilateral Otitis
3	Refused	7	Chronic/Severe Dissecting	11	Neurovascular Dysfunction	15	Death of Domestic Employee
4	Disseminated	8	Ischemic/Abscess/Infarction	12	Trauma to another Branch	16	Voluntary Termination Package
5	Contract Employee	9	Mentally/Alcoholics	13	Absconded		

**(D) Reason for Non-Contribution** ☐ **1**

Temporary employees (less than 24 hours per month)

Learners in terms of the Skills Development Act

### Employees in the National and Provincial spheres of Government

Employees who are recruited at the end of their contract of service

Employees who are regulated in the

Employees who earn commissions only

No income paid for the payroll period

Employment by receipt of an Old Age Pension from the State.

Employees who receive a problem payment from Employer

Above the ceiling (Old Act)



labour

Department  
Labour  
REPUBLIC OF SOUTH AFRICA

**Department of Labour**

### Salary Schedule Form

EMPLOYEE'S ID NUMBER:	2100 002 020238/2
EMPLOYEE'S INITIALS & SURNAME:	TSH/NGOMBE-TSHITAYI
UI REGISTRATION NUMBER:	2018/0998/8/07
COMPANY NAME:	ST. PEACE COLLEGE
PERIOD OF SERVICE:	21/10/09/19 to 01/08/22

[illegible]

\*PLEASE INDICATE DAY/MONTH/YEAR FOR EACH SALARY ADJUSTMENT

#PLEASE INDICATE THE AMOUNT

Employer (name&surname): THINGOPIRE

Signature of employer: THOMAS RAS-2

Date: 19 March 2022

Company stamp: